# ATTACHMENT I

#### **EXAMPLES OF COMPLETED STD. 692**

This section contains examples of the STD. 692 and how it is completed when a permitting event has occurred. The form will be completed differently depending on the permitting event and dates involved. To assist you in using these examples, each example also contains an explanation of the permitting event, type of action and enrollment status in Section E-18. (Remarks) You are not required to put a detailed explanation in the Remarks Section when completing the STD. 692. Refer to Attachment B for current dental rates information. The examples provided in this section do not reflect every possible type of dental transaction.

#### **EXAMPLE 1**

Permitting Event:

New employee - Eligible represented employee

Type of Action:

New enrollment

Permitting Event Code: 01

Permitting Event Date: 1/15/03 - Appointment date

Effective Date:

Standard<sup>1</sup> - 60 days to file STD. 692

Note: As a represented employee, the employee is restricted to a prepaid plan unless they are in a bargaining unit that has accepted Consolidated Benefits (CoBen).

#### **EXAMPLE 2**

Permitting Event:

New employee – Eligible excluded employee

Type of Action:

New enrollment

Permitting Event Code: 01

Permitting Event Date: 8/1/03 - Appointment date

Effective Date:

Standard - 60 days to file STD. 692

Notes: As an excluded employee, the employee is not restricted to a prepaid plan.

#### **EXAMPLE 3**

Permitting Event:

Coverage loss as a dependent

Type of Action:

New enrollment

Permitting Event Code: 05

Permitting Event Date: 2/28/03 - Date other coverage ended

Effective Date:

Standard - 60 days to file STD. 692

Standard effective date rule is dental benefits are in effect the first of the following month after the document is received in the personnel office.

#### **EXAMPLE 4**

Permitting Event:

Open enrollment period

Type of Action:

New enrollment

Permitting Event Code: 03

Permitting Event Date: 9/1/02 - Open enrollment start date

Effective Date:

January 1 of the following calendar year

Note: The employee has been employed for 24 months and is not restricted to a prepaid

plan during this open enrollment period.

#### **EXAMPLE 5**

Permitting Event:

Permanent Intermittent (PI) employee worked required qualifying

hours in January - June control period

Type of Action:

New enrollment

Permitting Event Code: 04

Permitting Event Date: 6/30/03 - End of control period

Effective Date:

First of the following month after STD. 692 is received by

Personnel – 60 days to file STD. 692

Note: Effective date can be no earlier than August 1.

#### **EXAMPLE 6**

Permitting Event:

Represented employee completed 24-month restriction

Type of Action:

Change of plan

Permitting Event Code: 08

Permitting Event Date: 2/13/04 - Completion of 24-month restriction period

Effective Date:

Standard – 60 days to file STD. 692

Note: This example may also be used when a CAHP employee has completed the 24month prepaid dental plan restriction period and is now eligible to enroll or change to the CAHP indemnity plan.

#### **EXAMPLE 7**

Permitting Event:

CCPOA employee completed 12-month restriction

Type of Action:

Change of plan

Permitting Event Code: 08

Permitting Event Date: 1/31/04 - Completion of 12 month restriction period

Effective Date:

Standard - 60 days to file STD. 692

#### **EXAMPLE 8**

Permitting Event:

Employee CBID change

Type of Action:

Change of plan

Permitting Event Code: 40

Permitting Event Date: 8/20/03 - Date of CBID change

Effective Date:

Standard - No time limit (Efforts should be made to file STD.

692 promptly)

#### **EXAMPLE 9**

Permitting Event:

Open enrollment period

Type of Action:

Change of plan and delete dependent(s)

Permitting Event Code: 29

Permitting Event Date: 9/1/02 - Open enrollment start date

Effective Date:

January 1 of the following calendar year

#### **EXAMPLE 10**

Permitting Event:

Divorce

Type of Action:

Delete ex-spouse

Permitting Event Code: 27a

Permitting Event Date: 4/1/03 - Divorce date

Effective Date:

Mandatory - No time limit (Efforts should be made to file STD.

692 promptly<sup>2</sup>.)

Note: A copy of the final divorce decree is required. Offer spouse COBRA.

#### EXAMPLE 11(A)

Permitting Event:

Open enrollment period

Type of Action:

Cancel coverage

Permitting Event Code: 36a

Permitting Event Date: 9/1/02 - Open enrollment start date

Effective Date:

January 1 of the following calendar year

Note:

### EXAMPLE 11(B)

**Permitting Event:** 

Open enrollment period

Type of Action:

Add spouse

Permitting Event Code: 15

Permitting Event Date: 9/1/03 - Open enrollment start date

Effective Date:

January 1 of the following

<sup>&</sup>lt;sup>2</sup> Divorce date means the court's order for final effective date of divorce – Date divorce becomes

## **EXAMPLE 12 (Attachment J1)**

Officers Separating from State Service as defined in Government Code Section 22816.7 Continuation of dental benefits through Delta Dental.

Permitting Event. Separation

Type of Action: Enrollment into Direct Pay Program as defined

Permitting Event Code: None

Effective Date: First of the following month after Separation

STD. 692 (REV. 6-2000)

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STD. 692 (REV. 6-2000)

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#### **DENTAL PLAN ENROLLMENT AUTHORIZATION**

STD. 692 (REV. 6-2000)

SECTION A

PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEARLY-SEND COMPLETED FORM TO PERSONNEL/PAYROLL

SECTION B

OFFICE
CURRENTLY ENROLLED, AS ON CODE A (ADD) AND/OR D
LETED.
FAMILY YEAR RELATIONSHIP
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REQUIRED
9. TOTAL PREMIUM
AMOUNT
‡   
\$ 13.39
ME OR RETIREMENT SYSTEM
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ncy Name
ointed, qualified and this certification; that surance Program.

1. TYPE OF ACTION  NEW - ENROLLING I	IN A PLAN FOR THE FI	RST TIME		- 1	NAME OF DE		N					
(Complete Section	ns A, B, and D)			i	SafeGuar							
CANCEL - CANCELL (Complete Section	LING COVERAGE FOR A us A. C. and D)	ALL ENROLLEES			PROVIDER/F/			,				
CHANGE - CHANGIN (Complete Section	NG PLANS OR DEPEND ns A, B, C, and D)	ENT COVERAGE		- 1	WELL AS FAMIL	Y MEMBERS	S TO BE A	NROLLMENT, LIST ALI DDED AND/OR DELETE LY THOSE MEMBERS	D FNTFR 1	THE ACT	TION COL	NTLY ENROLLED DE A (ADD) AND/
2. SOCIAL SECURITY NUM	MBER 3. SPO	USE'S OR DOMESTIC PARTNE	ER'S SOCIAL SECURITY	ç ç	LIST	ALL PERSO	ONS TO	BE ENROLLED IN iclude self)	DA	TE OF	BIRTH	* *
626-00-0000	i i			O E	, (First)	(Middle)		(Last)	MONTH	·		FAMILY RELATIONS
4. NAME (First)	(Middle)				01.1	TT .	·····			1		
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ADDRESS (Number and S	Street)								· <del></del>	1	<del> </del>	
38 Riverbone Blvd.									:			
(City, State, and Zip)										<del></del>		
Sloughhouse, CA 9	95738										•	
5. CHECK IF PERMANENT INTERMITTENT EMPLOY	YEE	TAL STATUS  ARRIED  SINGLE	7. SEX		:			2				
	D	OMESTIC PARTNER	FEMALE					_		<u> </u>		
SECTION C (Comple	ete for Plan changes i	if different than B-1 and	cancellations only)							:	<del>i</del>	
1. PRIOR DENTAL PLAN NA	AME			+	<u> </u>					-		
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SECTION D				1	ĺ		•					
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## DENTAL PLAN ENROLLMENT AUTHORIZATION

STD 692 (REV 6-2000)

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#### Example 5

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SECTION A				1	ECTION B				NOLL OF	FICE
1. TYPE OF ACTION				- 1	NAME OF DE					
NEW - ENROLLING (Complete Section		FIRST TIME		"	PMI	INVAL I DAN				
	•			1,		ACILITY NUMBE	P /// applicable)			
CANCEL - CANCEL . (Complete Section		OR ALL ENROLLSES		İ	<b>63210</b>					٠
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222-33-4141	! '	*OMBER		OE	(First)	DENTAL PLAI (Middle)	(include self) (Last)	:	·- ·	FAMILY
4. NAME (First)	(Mic	idle) (Last)					122.7	MONIA	DAY : YEA	RELATIONSHIP
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ADDRESS (Number and	Street)				·				<del> </del>	SELF
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(City, State, and Zip)					: <del> </del>			<del></del> -	<del> </del>	
Elitas, CA. 90302								;		
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		MARRIED SINGLI	E MALE	<u> </u>	<u>:</u>		· · · · · · · · · · · · · · · · · · ·			
		DOMESTIC PARTNER	4Z 551415							
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		es if different than B-1 and	cancellations only)		! ! !					
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SECTION D						•			į	
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## **DENTAL PLAN ENROLLMENT AUTHORIZATION**

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ECTION A  TYPE OF ACTION  NEW - ENROLLING  (Complete Section	IN A PLAN FOR THE FII ns A, B, and D)	rst time		1.	ECTION B NAME OF DE Delta Der			Basic				
CANCEL - CANCELI Complete Section	ING COVERAGE FOR A	ALL ENROLLEES		2.	PROVIDER/F	ACILITY N	UMBEŘ (	If applicable)				
CHANGE - CHANGIN	NG PLANS OR DEPEND ns A, B, C, and D)	ENT COVERAGE		- 1	WELL AS FAMIL	Y MEMBER	S TO BE A	ENROLLMENT, LIST ALL DDED AND/OR DELETE LY THOSE MEMBERS T	D. ENTER 1	THE ACT	TION CO	TOP A (ADD) AND/OR D
2. SOCIAL SECURITY NUM 957-21-0123	MBER 3. SPO	USE'S OR DOMESTIC PARTNE BER	R'S SOCIAL SECURITY	A C C O D E		ALL PERS	ONS TO	BE ENROLLED IN oclude self) (Last)		TE OF	BIRTH	FAMILY
4. NAME (First) Rosanne	(Middle) Mary	(Last) Arnold		Α	Rosanne	e M. Ar	nold		2	: 25		SELF
ADDRESS (Number and S	Street)									· <del> </del> · · · · –		· · · · · · · · · · · · · · · · · · ·
6025 Genoa Rd				A	Jim P. A	rmold			10	2	55	Spouse
(City, State, and Zip) Brentwood, CA. 90	)305			A	Margo T	î. Barr		•	12	25	87	Dtr
5. CHECK IF PERMANENT INTERMITTENT EMPLOY	YEE	TAL STATUS  ARRIED SINGLE	7. SEX	A	John R.	Barr			11	11	88	Son
<b>V</b>		OMESTIC PARTNER	FEMALE		:				·····	i	ļ	<u>.                                    </u>
SECTION C (Comple				<del> </del>						-		<u></u>
1. PRIOR DENTAL PLAN NA				-	:					<del></del>	<u>-</u>	
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SECTION D				1	!							
1. CHECK APPROPRIATE B	юх									<u></u> i	<u>i</u>	
I DO NOT WISH TO E	NROLL IN A DENTAL P	LAN (Keep in employee's fi	ile)		•							
ARE ELIGIBLE FAMIL	Y MEMBERS AS DEFIN		IT MAY BE IN THE FUT LIFORNIA AND ARE NO	URE. I A OT ENRO	I SO CERTIFY	THAT TH	ENAME	S OF THE PERSONS ALIFORNIA DENTAL	LISTED I	ALLO N SEC	TION B	ETO , ITEM 3
æ	SIGNATU	RE REQUIRED	)	.) 				3. DATE SIGNER	DATE	RE	:QU	RED
SECTION E (FOR AG.	ENCY OR RETIRE  2. DENTAL ORG. CODE					1			γ			
. Ew-toler beb. code	Z. DENTAL ONG. CODE	3. EMPLOYEE or COBEN DEDUCTION AMOUNT	4. PARTY CODE		HARE	6. PAY I	PERIOD .	7. EMPLOYEE DESIGNATION	8. BA	RGAINING VIT	•	9. TOTAL PREMIUM AMOUNT
CSU-150				^	HOUNT		•					
Non-can-321	007	20.00				MONTH	YEAR					
	,	€ 29.00	13		0/00	l	ا ما	1-5	1_			
COMPLETE ON CHANG				\$	86.99	ļ	04	R	3			<b>\$</b> 115.99
O. PRIOR EMPLOYER DED, CODE 1	SES ONLY  1. PRIOR PRIOR DENTAL PARTY CODE	12. PERMITTING EVENT DATE	13. PERMITTING EVENT CODE	l l	86.99 EFFECTIVE DATE OF ACTION	ļ	04 HCY CODE	R 16. UNT CODE	17. A	GENCY N		\$ 115.99 RETIREMENT SYSTEM
CSU-150	1. PRIOR PRIOR PARTY	12. PERMITTING EVENT	13. PERMITTING EVENT	l l	FFECTIVE DATE	ļ		R 16. UNIT CODE	17. A			4
	1. PRIOR PRIOR PARTY CODE	12. PERMITTING EVENT DATE  MONTH DAY YEAR	13. PERMITTING EVENT CODE	нтиом	DAY YEAR	15. AGE		-	17. A	ir Retird	ED)	RETHEMENT SYSTEM
CSU-150 NON-CSU-351	1. PRIOR PRIOR PARTY CODE	12. PERMITTING EVENT DATE	13. PERMITTING EVENT	монтн 3	DAY YEAR	15. AGE	HCY CODE	012	17. A	ir Retird	ED)	4
CSU-150  NON-CSU-351  B. REMARKS Change of Dental Pla Completion of 24-mo	1. PRIOR PRIOR PARTY CODE  ORG. CODE  an - Represented onth restriction	12. PERMITTING EVENT DATE  MONTH DAY YEAR 2 13 4	13. PERMITTING EVENT CODE	монтн 3	DAY YEAR OATE OATE OATE OATE OATE OATE OATE OATE	010 AGENCY Sunder penut the herein	SIGNATU	012	State  I em the cauthorized	e Ago	ency  pointed,	Name
CSU-150  NON-CSU-351  8. REMARKS Change of Dental Pla	1. PRIOR PRIOR PARTY CODE  ORG. CODE  an - Represented onth restriction	12. PERMITTING EVENT DATE  MONTH DAY YEAR 2 13 4	13. PERMITTING EVENT CODE	3 19. A	DAY YEAR O4 UITHORIZED A hereby certify citing officer of he employee no	010 AGENCY Sunder penuthe herein amed here	SIGNATU illy of per named a in is eligil	012 RE iury as follows: That gency and that I am a	State  State  I em the ceuthorized the State D	e Age	ency pointed to this consurance	Name
CSU-150  NON-CSU-351  B. REMARKS Change of Dental Pla Completion of 24-mo	1. PRIOR PRIOR PARTY CODE  ORG. CODE  an - Represented onth restriction	12. PERMITTING EVENT DATE  MONTH DAY YEAR 2 13 4	13. PERMITTING EVENT CODE	3 19. A 1 20. T	DAY YEAR O4 UITHORIZED A hereby certify citing officer of he employee no	010 AGENCY Sunder point the herein amed here	SIGNATU illy of per named a in is eligil	012 RE jury as follows: That gency and that I am a sle for enrollment in th	State  State  I em the ceuthorized the State D	e Age fully applito make ental in	ency pointed, to this consurance DATE FEMPLO	Name  , qualified and pertification; that he Program.

### **DENTAL PLAN ENROLLMENT AUTHORIZATION**

STD. 692 (REV. 6-2000)

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1. TYPE OF ACTION  NEW - ENROLLING IN  (Complete Sections		RST TIME		1.	NAME OF DEA CCPOA (		Dent	al Pian)				
CANCEL - CANCELLIN (Cemplete Sections	NG COVERAGE FOR A	ALL ENROLLEES		2.	PROVIDER/FA	ACILITY NUM	IBER (II	applicable)				
CHANGE - CHANGING (Complete Sections		ENT COVERAGE		- 1	WELL AS FAMIL'	Y MEMBERS T	O BE AD	NROLLMENT, LIST ALL FA DED AND/OR DELETED. Y THOSE MEMBERS TO	ENTER T	THE ACT	TON COD	NTLY ENROLLED, AS DE A (ADD) AND/OR D
2. SOCIAL SECURITY NUMB	BER 3. SPO	USE'S OR DOMESTIC PARTNE BER	R'S SOCIAL SECURITY	Č C T O	LIST A	ALL PERSON DENTAL PI	IS TO B	E ENROLLED IN			BIRTH	FAMILY
4. NAME (First)	ai			O E	(First)	(Middle)		(Last)	MONTH	DAY	YEAR	RELATIONSHIP
Jackson	(Middle)	(Last) Gomes	•	A	Jackson	R. Gon	nes	•	2	15	43	
ADDRESS (Number and Str		Goilles							- <u> </u>			SELF
112 Capitola Way.	eerj				:				İ		:	
									<u> </u>	·		
(City, State, and Zip) Salinas, CA. 94831		•							1	i	!	
5. CHECK IF PERMANENT			·						- <u>i</u>	:	! :	
INTERMITTENT EMPLOYE	E	TAL STATUS  ARRIED  SINGLE	7. SEX					<u> </u>				
	м	OMESTIC PARTNER	FEMALE		•			···				
SECTION C (Complete	e for Plan changes i	f different than B-1 and	cancellations only)						! .	!		
1. PRIOR DENTAL PLAN NAM	1E			+	<del>+</del>				<del> </del>		<del>-                                    </del>	
CCPOA Western De	ental				1 .							
SECTION D												
1. CHECK APPROPRIATE BO	×		· · ·		·	<del></del>				<u></u> i	·'-	
I DO NOT WISH TO EN	ROLL IN A DENTAL P	LAN (Keep in employee's fi	le)									
COVER MY SHARE OF	COST OF ENROLLME MEMBERS AS DEFIN	DENTAL PLAN AS SHOWI ENT AS IT IS NOW OR AS ED BY THE STATE OF CA OWN ABOVE	IT MAY BE IN THE FUT	URE. I A	ALSO CERTIFY	THAT THE	NAMES	OF THE PERSONS L	ISTEDI	N SEC	WANCE TION B.	ТЕМ 3
. EMPLOYEE'S OR ANNUITAI		e Privacy Information on re RE REQUIRED		.)				3. DATE SIGNED				
SECTION E <i>(FOR AGE</i>	NCY OR RETIRI	EMENT SYSTEM US	SE ONLY)					!	D	ATE	RE	QUIRED
. EMPLOYER DED. CODE 2	. DENTAL ORG. CODE	3. EMPLOYEE # COBEN	/L 0//L//						D	ATE	RE	QUIRED
:		DEDUCTION AMOUNT	4. PARTY CODE	5. s		6. PAY PER	нов	7. EMPLOYEE	8. вл	VRGAININ		9. TOTAL PREMIUM
CSU-150		DEDUCTION AMOUNT		s	TATE HARE MOUNT	6. PAY PER	NOD	7. EMPLOYEE DESIGNATION		VRGAININ		
		DEDUCTION AMOUNT		s	HARE	6. PAY PER	RIOD		8. вл	VRGAININ		9. TOTAL PREMIUM
		DEDUCTION AMOUNT		s	HARE	6. PAY PER			8. вл	VRGAININ		9. TOTAL PREMIUM
NOŅ-CSU-351	14			s	HARE MOUNT	монтн	YEAR	DESIGNATION	8. BA	VRGAININ		9. TOTAL PREMIUM AMOUNT
	06	<b>\$</b> 25.00		\$	HARE MOUNT 44.33	монтн			8. вл	VRGAININ		9. TOTAL PREMIUM
COMPLETE ON CHANGE	S ONLY	\$ 25.00	PARTY CODE  1 13. PERMITTING	\$ 14.	44.33	монтн	year )4	DESIGNATION	8. BA	VRGAININH NIT	G HAME OR I	9. TOTAL PREMIUM AMOUNT
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COMPLETE ON CHANGE 0, PRIOR EMPLOYER DED. CODE 11.  CSU-150  NON-CSU-351  3. REMARKS	PRIOR PRIOR PARTY ORG. CODE	\$ 25.00  12. PERMITTING EVENT DATE  MONTH DAY YEAR 1 31 4	1 13. PERMITTENS EVENT CODE	\$ 14. MONTH 3	44.33 EFFECTIVE DATE OF ACTION  DAY  YEAR  1 04  AUTHORIZED A	MOHTH 2 C	YEAR  14  Y CODE	R 16. UNIT CODE	6 17. 4	ngganini Ngency I (# retir	ency	9. TOTAL PREMIUM AMOUNT \$ 69.33 RETWREMENT SYSTEM
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COMPLETE ON CHANGE D. PRIOR EMPLOYER DED. CODE 11.  CSU-150  NON-CSU-351  REMARKS Change of Dental Plan	PRIOR PRIOR PARTY CODE  CODE  1 - R06 Employ	\$ 25.00 12. PERMITTING EVENT DATE  MONTH DAY YEAR 1 31 4	1 13. PERMITTENS EVENT CODE	\$ 14.	44.33 EFFECTIVE DATE OF ACTION  DAY YEAR 1 04 AUTHORIZED I hereby certify acting officer of the employee in	020 AGENCY SK under penalt the herein number of the same distribution o	YEAR  Y CODE  Y CODE  SNATUL  Y of period of the state of	R  16. UNIT CODE  111  RE  Unit code  111  Pency and that I am au	6 Statu	AGAINNITH ANGENCY I FERRING RETURN BY THE PROPERTY I TO MAIN ANGENCY I TO MAIN ANGEN	ency  ensurance	9. TOTAL PREMIUM AMOUNT \$ 69.33 RETRIEMENT SYSTEM  Name  qualified and entification; that
COMPLETE ON CHANGE D. PRIOR EMPLOYER DED. CODE 11.  CSU-150  NON-CSU-351  REMARKS Change of Dental Plan	PRIOR PRIOR PARTY CODE  CODE  1 - R06 Employ	\$ 25.00 12. PERMITTING EVENT DATE  MONTH DAY YEAR 1 31 4	1 13. PERMITTENS EVENT CODE	\$ 14.	44.33 EFFECTIVE DATE OF ACTION  DAY YEAR 1 04 AUTHORIZED I hereby certify acting officer of the employee in	020 AGENCY SK under penalt the herein number of the same distribution o	YEAR  Y CODE  Y CODE  SNATUL  Y of period of the state of	R  16. UNIT CODE  1111  RE lury as follows: That I gency and that I am au ite for enrollment in the URE REQUII	6 Statu	AGENCY I (F RETIR	ency  ensurance  DATE F	9. TOTAL PREMIUM AMOUNT  \$ 69.33  RETHREMENT SYSTEM  Name  qualified and entification; that e Program.  RECEIVED IN NYING OFFICE
COMPLETE ON CHANGE D, PRIOR EMPLOYER DED. CODE 11.  CSU-150  NON-CSU-351  REMARKS Change of Dental Plan	PRIOR PRIOR PARTY CODE  CODE  1 - R06 Employ	\$ 25.00 12. PERMITTING EVENT DATE  MONTH DAY YEAR 1 31 4	1 13. PERMITTENS EVENT CODE	\$ 14. MONTH 3 19. /	44.33 EFFECTIVE DATE OF ACTION  DAY YEAR 1 04 AUTHORIZED I hereby certify acting officer of the employee in	020 AGENCY SK under penalt the herein number of herein SIGI	YEAR  Y CODE  Y CODE  SNATUL  Y of period of the state of	R  16. UNIT CODE  1111  RE lury as follows: That I gency and that I am au ite for enrollment in the URE REQUII	6 Statu	AGENCY I (F RETIR	ency  ensurance  DATE F  EMPLO	9. TOTAL PREMIUM AMOUNT  \$ 69.33  RETIREMENT SYSTEM  Name  qualified and ortification; that e Program.

STD. 692 (REV. 6-2000)

#### Example 8

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PLEAS	E TYPE OR US	E BALL	POINT	PEN	N, PRINT CLEARL	YSE	ND C	OMPL	ETED	FORM	TO PERSONNE	L/PAYE	OLL O	FFICE	
SECTION A						s	ECTIO	ON B							
1. TYPE OF ACTION  NEW - ENROLLING IN	A PI AN FOR THE FI	PST TIME				1.			NTAL PL						
(Complete Sections											Enhanced				
CANCEL - CANCELLIN (Complete Sections)		ALL ENRO	ULEES			2.	PROV	IDER/F/	ACILITY I	NUMBER (	II applicable)				
CHANGE - CHANGING (Complete Sections A		ENT COV	ERAGE			3.	WELL A	<b>IS FAMIL</b>	Y MEMBER	rs to be a	ENROLLMENT, LIST ALL DDED AND/OR DELETED LY THOSE MEMBERS TO	). ENTER T	HE ACTION	CODE & L	ENROLLED, AS ADD) AND/OR D
2. SOCIAL SECURITY NUMBER 765-43-1298	ER 3. SPO NUM		OMESTIC P	ARTNE	ER'S SOCIAL SECURITY	CO 0 0 E	(Firs		ALL PERS DENTA (Middle)	L PLAN (ir	BE ENROLLED IN include self) (Last)		E OF BIR	·-··	FAMILY
4. NAME (First)	(Middle)	,		'Last)		"					(2001)	MONTH	DAY Y	EAR RE	LATIONSHIP
Rex	R		Cha	pma	an	Α	Re	х	R	Chapr	nan	<sub>:</sub> 7	8 5	2	SELF
ADDRESS (Number and Stre	et)												ļ	·	<u> </u>
1000 Rain Water Dr.							:					:	1		
(City, State, and Zip)				• • • •			<u>-</u> .						: <u></u>		
Calipatria, CA. 9783	1					1									
5. CHECK IF PERMANENT		TAL STAT	บร		7. SEX		.:	-				•••	<del></del> .		
INTERMITTENT EMPLOYER		ARRIED	V s	INGLE	<b>✓</b> MALE		1				÷				
					ت.		ļ					<del></del>			
	D D	OMESTIC	PARTNER	₹	FEMALE		ļ				···				
SECTION C (Complete		f differen	t-than-B-	l-and	-cancellations-only)		:							•	
1. PRIOR DENTAL PLAN NAMI	E					1	İ			•					
CCPOA Western De	ntal						i	• .							
SECTION D						1								:	, , , , , , , , , , , , , , , , , , , ,
1. CHECK APPROPRIATE BOX	(				**************************************	Т	<u> </u>				· · · · · · · · · · · · · · · · · · ·	<u>i</u> 1	<u>i_</u> _	<u>:</u>	
I DO NOT WISH TO ENR	OLL IN A DENTAL P	LAN (Keer	in emolos	ree's f	ile)				•						
COVER MY SHARE OF CARE.ELIGIBLE FAMILY M  I ELECT TO CANCEL TH  EMPLOYEE'S OR ANNUITAN	E DENTAL PLAN SH T'S SIGNATURE (Se	OWN ABO	E STATE (	on re	ALIFORNIA AND ARE NO	T ENR	ALSO C	ERTIFY IN ANO	THAT THER ST	HE NAMES	ALIFORNIA DENTAL	PLAN.	REC		
	SIGNA										<u> </u>			OIVE	:U
SECTION E (FOR AGEN	DENTAL ORG. CODE		SYSTE.		SE ONLY) 4. PARTY CODE	5. s			l e		7	T		7	
CSU-150	active one. God	DEDU	CTION AMOUN	ñ	4. PARTY CODE	s	HARE MOUNT		6. PAY	PERIOD	7. EMPLOYEE DESIGNATION	8. BAF	rgaining IT		TAL PREMIUM HOUNT
NON-CSU-351									монтн	YEAR					
00		\$ 47.			1	\$.		0.00	10	03	S	6		\$	47.31
COMPLETE ON CHANGES  0. PRIOR EMPLOYER DED. CODE 11.P		12. PER			13. PERMITTING EVENT		OF ACTION		T5. AG	ENCY CODE	16. UNIT CODE		ENCY NAME FRETIRED)	OR RETIRES	MENT SYSTEM
0	ENTAL PARTY	DAT	E		CODE								•		•
<b>I</b>	RG. CODE					$\vdash$			.•						
NON-CSU-351		монтн	DAY 1	YEAR		MONTH	DAY	YEAR							
_		8	20 3	;	40	11		03	001		989	State	Ageno	พ ฟักษ	ne
D. REMARKS					1.0		- 1 -			SIGNATU		State		y Mai	
hange in Bargaining	l Init					] /	hereby	certify i	ınder pen	alty of per	jury as follows: That i	l am the d	uly appoin	led, qualit	fied and
Change from Union Pl		n					he emp	loyee no	med her	ein is eligit	pency and that I am e ble for enrollment in th DEALIDED	uthorized e State De	to make the ental Insur	is certifica ance Prog	ation; that gram.
						<u>e</u> S		310	2144 I	UKE	REQUIRED	•			
						20. 1	ELEPH	IONE N	JMBER (	Indicate if	CALNET or give Area	Code)		E RECEI	
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					. A		· 755	esti		2.00	The second second second			1	1

## DENTAL PLAN ENROLLMENT AUTHORIZATION

STD 692 (REV 6-2000)

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SECTION A  TYPE OF ACTION  NEW - ENROLLING IN A PLAN  (Complete Sections A. B. ar		ST TIME		1 1	CTION B NAME OF DEN PROVIDER/FAC			annirable i					
CANCEL - CANCELLING COV (Complete Sudions A. C. a)		L ENROLLEES		2	10695								
CHANGE - CHANGING PLANS (Complete Sections A, B, C.		NI COVERAGE		1 .	TELL AS FAMILY DELETE) BESIDE	THE NAME	10, 430 5 OF ONLY	ROLLMENT, LIST ALL S FO AND/OR DELETED THOSE MEMBERS TO	Etheb :	*** ^C1	JUNICO	OC A (7.00), A 1-0	T AS Bath II
2. SOCIAL SECURITY NUMBER 111-22-3333	3 SPOUS NUMBE	SE'S OR DOMESTIC PARTNER 414-00-9999	S SOCIAL SECURITY	A C C C C C C C C C C C C C C C C C C C		LL PERSC DENTAL ( (Middle)	NS TO BE PLAN (ind	(Lasi)	DAT	E OF	BIRTH	FAMIL RELATION	
4. NAME (First)	(Midde)	(Last)		"	A 1 T				10	15	.17		
Ann	Lana	Tumer			Ann L. T	urnei			. 10	1.)	4 /	SEL	.F
ADDRESS (Number and Street) 55 Marve Road					Mark N.	Turner			06	12	. 45	Husban	đ
(City, State, and Zip)					Mike R.	T			05	1.1	70	Son	
Tilley, CA 41111				1	MIKCK.	unici				1 1	. 70		
5. CHECKIF PERMANENT INTERMITTENT EMPLOYEE		AL STATUS RRIED SINGLE	7. SEX MALE	D	Angie C.	Turne	r 		06	10	71	Dtr	
	, [] bo	MESTIC PARTNER	✓ FEMALE	D	Scott D.	Turner			11	11	75	Son	**
SECTION C (Complete for P	an changes if	different than B-1 and o	cancellations only)										
1. PRIOR DENTAL PLAN NAME					<del>.</del> . •		. ,						
Safeguard													
SECTION D											!		
I ELECT TO ENROLL IN (OR C	HANGE TO) A C	NULY CILLIC NUM UD YCI	ABOVE AND AUTHOR	IIKK	MSOCERNET	INAI IN	IC INVINES	OF THE PENSONS	LIGITED	T ALL C	WANC CTION	E 10 B. ITEM3	
COVER MY SHARE OF COST ARE ELIGIBLE FAMILY MEMBI  I ELECT TO CANCEL THE DEP  EMPLOYEE'S OR ANNUITANTS S	HANGE TO) A LOFE ENROLLME ERS AS DEFINE MTAL PLAN SHO IGNATURE (See	DENTAL PLAN AS SHOWN NT AS IT IS NOW OR AS I ID BY THE STATE OF CAL DWN ABOVE IS Privacy Information on rev	N ABOVÉ AND AUTHOF IT MAY BE IN THE FUT UFORNIA AND ARE NO	OT ENR	MSOCERNET	INAI IN	IC INVINES	OF THE PENSONS	PLAN.	T ALLO	WANC CTION	E TO B. ITEM3	
COVER MY SHARE OF COST  ARE ELIGIBLE FAMILY MEMB  I ELECT TO CANCEL THE DEI  EMPLOYEE'S OR ANNUITANTS S  Signatur	HANGE TO) A LOFE ENROLLME ERS AS DEFINE WITH PLAN SHORTURE (See REQUIFE)	DENTAL PLAN AS SHOWN NT AS IT IS NOW OR AS I D BY THE STATE OF CAL DWN ABOVE  Privacy Information on rev	M ABOVE AND AUTHOR IT MAY BE IN THE FUT UFORNIA AND ARE NO Werse of employee copy.	OT ENR	MSOCERNET	INAI IN	IC IVANES	3. DATE SIGNED	PLAN.	T ALLO	OWANC CTION	се то в, пемз	
COVER MY SHARE OF COST ARE ELIGIBLE FAMILY MEMB  I ELECT TO CANCEL THE DET  EMPLOYEE'S OR ANNUITANTS S  Signatur  SECTION E (FOR AGENCY	HANGE TO) A LOFE ENROLLME ERS AS DEFINE WITH PLAN SHORTURE (See REQUIFE)	DENTAL PLAN AS SHOWN NT AS IT IS NOW OR AS I D BY THE STATE OF CAL DWN ABOVE  Privacy Information on rev	M ABOVE AND AUTHOR IT MAY BE IN THE FUT UFORNIA AND ARE NO Werse of employee copy.	5. s	TATE	INAI IN	ATE OF C	3. DATE SIGNED	PLAN.	T ALLO		9. TOTAL PR	ВММ
COVERMY SHARE OF COST ARE ELIGIBLE FAMILY MEMB  I ELECT TO CANCEL THE DET  EMPLOYEE'S OR ANNUITANTS S  Signatur  SECTION E (FOR AGENCY	HANGE TO) A ( OF ENROLLME ERS AS DEFINE  WITH PLAN SHO IGNATURE (See  C REQUIF	DENTAL PLAN AS SHOWN NT AS IT IS NOW OR AS IT D BY THE STATE OF CAL DWN ABOVE Privacy Information on rev BC MENT SYSTEM US 3. BUTLOTE & COREN	N ABOVE AND AUTHOR IT MAY BE IN THE FUTI LIFORNIA AND ARE NO  Verse of employee copy.  SE.ONLY)	5. s	OLLED IN ANO	THER ST	ATE OF C	3. DATE SIGNED 09/10/2002	PLAN.	WAGADII		9. TOTAL PR	BAM.
COVERMY SHARE OF COST ARE ELIGIBLE FAMILY MEMBI  I ELECT TO CANCEL THE DEP  EMPLOYEE'S OR ANNUITANTS S  Signatur  SECTION E (FOR AGENCY  CSU-150  NON-CSU-351	HANGE TO) A ( OF ENROLLME ERS AS DEFINE  WITH PLAN SHO IGNATURE (See  C REQUIF	DENTAL PLAN AS SHOWN NT AS IT IS NOW OR AS IT DOWN ABOVE Privacy Information on rev BC EMENT SYSTEM US 3. EMPLOYEE & COBEN DEDUCTION AMOUNT	N ABOVÉ AND AUTHOF IT MAY BE IN THE FUT LIFORNIA AND ARE NO Verse of employee copy.  SE.ONLY)  4. PARTY CODE	5. s	TATE  BARGE  MANO  TATE  BARGE  MAOUNT	6. PAY	ATE OF C	3. DATE SIGNED 09/10/2002	PLAN.	WAGADII		9. TOTAL PR	DAM 14.65
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## DENTAL PLAN ENROLLMENT AUTHORIZATION

STD. 692 (REV 6-2000)

, LLAUL III	PE OR USE BA		RINT CLEARLY						
ECTION A					CTION B				
TYPE OF ACTION					AME OF DENT	_			
NEW - ENROLLING IN A PLAN (Complete Sections A. B. an		.ME		-	Ocita Dent ROVIDER/FAC	al alaty number (	ll applicable)		
CANCEL - CANCELLING COVI (Complete Sedices A, C, an	ERAGE FOP ALL EI .±E;	YROLLEFS				a de la competit de	NROUMENT USTAILES	Maria Schillens (Fr. 1996)	CONTRACTOR AS
CHANGE - CHANGING PLANS (Complete Sections A, B, C.	OR DEPENDENT (	COVERAGE	1		:: L AS FAMILY DELETE) BESIDE	MEMBERS TO BE AS THE NAMES OF ON	DOUD AOR DELETED BY THOSE MEMBERS TO !	ENTER THE ACTION CO	DE A PUDI ANDIONA
2. SOCIAL SECURITY NUMBER		OR DOMESTIC PARTNERS	SOCIAL SECURITY	* ( ) 0 F		L PERSONS TO DENTAL PLAN (ii (Midde)	BE ENROLLED IN ndude self) (Lasi)	DATE OF BIRTH	FAMILY
4. NAME (First)	(Middle)	(L 921)						12 26 57	
odd (***)	R.	May			Todd R.	мау		12 25 57	SELF
	• ` `	. , , , , , ,		1			,		
ADDRESS (Number and Street)				D	Mcgan C	. May		11 10 55	Ex-Wife
7 Long Blvd. (City, State, and Zip)								, .	
Daytona, CA 00007				i					
S. CHECKIF PERMANENT	6. MARITAL	STATUS	7 SEX	ĺ					-
INTERMITTENT EMPLOYEE	MARR	IED Z SINGLE	✓ MALE						
	DOME	STIC PARTNER	FEMALE		·				
SECTION C (Complete for P	lan changes if dif	ferent than B-1 and ca	ancellations only)		:				
I. PRIOR DENTAL PLAN NAME				i					
. PRIOR DEMACE DAVIS				ĺ					
				<b> </b>	<u>:</u>	·		:	<del></del>
				ĺ					
SECTION D					<u> </u>				<u></u>
I. CHECK APPROPRIATE BOX									
I ELECT TO ENROLL IN (OR C COVER MY SHARE OF COST ARE ELIGIBLE FAMILY MEMB  I ELECT TO CANCEL THE DE	OF ENROLLMENT ERS AS DEFINED ( NTAL PLAN SHOW	BY THE STATE OF CAL	IFORNIA AND ARE NOT	ENR	EDUCTIONSTO ALSO CERTIFY OLLED IN ANO	DE MADE FROM THAT THE NAM THER STATE OF	T MY SALARY OR RETI ES OF THE PERSONS CALIFORNIA DENTAL 3. DATE SIGNEI	PLAN.	IB, ITEM3
. EMPLOYEE'S OR ANNUITANTS S	e Required	rivacy Information on rev	erse of employee copy.)				04/07/2003		
Signaturi							04/07/2003		
	CORRESPONDEN		E ONLY)				04/07/2003		
	OR RETIREM	ENT SYSTEM US	E ONLY) 4. PARTY COOE		STATE	6. PAY PERIOD	7. EMPLOYEE	8. BARGANING	9. TOTAL PREMIUM
	OR RETIREM	ENT SYSTEM US	E ONLY) 4. PARTY CODE		SHARE	6. PAY PERIOD		8. BARGANING UNIT	9. TOTAL PREMIUM
	OR RETIREM	ENT SYSTEM US	E ONLY) 4. PARTY COCE			6. PAY PERIOD	7. EMPLOYEE		
CSU-150  NON-CSU-351	OR RETIREM N. ONG. CODE	ENT SYSTEM US 3. BIALOMES IN COREN DEDUCTION AMOUNT	E ONLY)  4. PARTY CODE		SHARE AMOUNT	MONTH YEA	7. EMPLOYEE  DESIGNATION	UNIT	
CSU-150	OR RETIREM N. ONG. CODE	ENT SYSTEM US	E ONLY)  4. PARTY CODE	\$	30.20	монтн уел 4 03	7. EMPLOYEE DESIGNATION	04	жиоип \$ 40.3
CSU-150  NON-CSU-351  007	OR RETIREM	ENT SYSTEM US 3. BIALOMES IN COREN DEDUCTION AMOUNT	4. PARTY COOE  1 13. PERMITTING	\$	30.20	MONTH YEA	7. EMPLOYEE DESIGNATION	04	AMOUNT
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CSU-150  CSU-150  NON-CSU-351  COMPLETE ON CHANGES ON 10, PHORE SMLOVER DED.CO DE 11, PHORE	OR RETIREM N. ORG. CODE	S 10.12	1 13. PERMITTING EVENT	\$	30.20	монтн уел 4 03	7. EMPLOYEE DESIGNATION	04 17. adency HAME	жиоип \$ 40.3
CSU-150  CSU-150  NON-CSU-351  OO7  COMPLETE ON CHANGES ON 10. PRIOR EMPLOYER DED.CO DE 11. PRIOR DENTA. ONG.	OR RETIREM N. ORG. CODE	S 10.12	1 13. PERMITTING EVENT	\$ 14.	30.20  EFFECTIVE DATE OF ACTION  H DAY YEA	MOHTH YEA 4 03 15. AGENCY CO	7. EMPLOYEE  OESIGHATION  R  R  16. LINIT COOR	04 17. AGENCY NAME (# RETINED)	\$ 40.3
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CSU-150  CSU-150  NON-CSU-351  COMPLETE ON CHANGES ON 10. PRIOR EMPLOYER DED.CO DE CSU-150  CSU-150  NON-CSU-351	OR RETIREM N. ORG. CODE	ENT SYSTEM US 3. BINOTE & COREN DEDUCTION ANOUNT \$ 10.12  12. PERMITTING EMBIT DATE  AONTH DAY YEAR	1 13. PERMITTING EVENT CODE	\$ 14.	30.20  EFFECTIVE DATE OF ACTION	MONTH YEA 4 03 15. AGENCY CO	R R  16. UNIT CODE	04 17. Author HAME (F RETIFED)  State Agen	\$ 40.3 or retirement system cy Name
CSU-150  CSU-150  CSU-150  COMPLETE ON CHANGES ON 10. PHIOR EMPLOYER DED.CO DE 11. PHIOR DENTA ON C. CSU-150  CSU-150  CSU-150	OR RETIREM N. ONG. CODE	S 10.12  \$ 10.12  12. PEPMETING EMENT DATE  ACMITH DAY YEAR  4 1 3	1 13. PERMITTING EVENT CODE	\$ 14.	30.20  EFFECTIVE DATE OF ACTION  AUTHORIZES ! hereby certil acting enfloyee	MONTH YEA  4 03  15. AGENCY CO  111  D AGENCY SIGNU y under penelty of the herein nemm	7. EMPLOYEE DESIGNATION  R  R  R  16. UNIT CODE  222  ATURE polyry as follows: The dagency and theil amilgible for enrollment in significant and approximate the significant and approximate t	O4  17. AND INCY HAVE (IF RETIFIED)  State Agent	\$ 40.3 on retirement system  cy Name
CSU-150  CSU-150  COMPLETE ON CHANGES ON 10. PRIOR EMPLOYER DED.CO DE 11. PRIOR CSU-150  NON-CSU-351  16. REMARKS  Employee deletes ex-wife	OR RETIREM N. ONG. CODE	S 10.12  \$ 10.12  12. PEPMETING EMENT DATE  ACMITH DAY YEAR  4 1 3	1 13. PERMITTING EVENT CODE	\$ 14. MOHT 5 19.	30.20  EFFECTIVE DATE OF ACTION  H DAY YEA  AUTHORIZEE I haveby certification officer of the employee Sig	MONTH YEA  4 03  15. AGENCY CO  AGENCY SIGNU y under penalty of the herein name herein is a manual tree.	7. EMPLOYEE DESIGNATION  R  R  R  16. UNIT CODE  222  ATURE polyry as follows: The dagency and theil amilgible for enrollment in significant and approximate the significant and approximate t	O4  17. Address HAME (in RETINEED)  State Agen at I am the duly appoint authorized to make a the State Dental Insulate Code)  21. DA	\$ 40.3 on retirement system  cy Name

(222) 333-4444

#### Example 11 (A)

## DENTAL PLAN ENROLLMENT AUTHORIZATION

STD 692 (REV 6-2000)

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2 PROVIDER/FACILITY NUMBER (II applicable)  2 CANCEL - CANCELLING COVERAGE FOR ALL ENROLLES    Complete Sections A, C, and D	THER THE ACTION COOK A KEDY ARE	
(Complete Sections A. B. C. and D)  2 SOCIAL SECURITY NUMBER  J SPOUSES OR DOMESTIC PARTIMER'S SOCIAL SECURITY  LIST ALL PERSONS TO BE ENROLLED IN DENTAL PLAN Iniquide self)	ADDED ON DECUTED	CELLAS
2 SOCIAL SECURITY NUMBER 3 SPOUSES ON DOMESTIC PARTIES 3 SPOUSE STORY DOMESTIC PARTIES 3 SPOUS		K(#C)K · /
	DATE OF BIRTH FAM WONTH DAY YEAR RELATION	
4. NAME (Figst) (Middle) (Last)  Wesley [). Snipes  ADDRESS (Number and Street)	SE	LF
46 Midyo Street (City, State, and Zip)		
Pastisas, CA 11112  5. CHECKIF PERMANENT 6. MARITAL STATUS 7. SEX	•	
INTERMITTENT EMPLOYEE    MARRIED  SINGLE  MALE		
, DOMESTIC PARTNER FEMALE		
SECTION C (Complete for Plan changes if different than B-1 and cancellations only)		
1. PRIOR DENTAL PLAN NAME		
Delta Dental	:	
SECTION D	<u> </u>	
I ELECT TO ENROLL IN (OR CHANGE TO) A DENTAL PLAN AS SHOWN ABOVE AND AUTHORIZE DEDUCTIONSTO BE MADE FROM MY SALARY OR RETIRE COVER MY SHARE OF COST OF ENROLLMENT AS IT IS NOW OR AS IT MAY BE IN THE FUTURE. I ALSO CERTIFY THAT THE NAMES OF THE PERSONS LIE ARE ELIGIBLE FAMILY MEMBERS AS DEFINED BY THE STATE OF CALIFORNIA AND ARE NOT ENROLLED IN ANOTHER STATE OF CALIFORNIA DENTAL PLAN SHOWN ABOVE  2. EMPLOYEE'S OR ANNUITANTS SIGNATURE (See Privacy Information on reverse of employee copy.)  3. DATE SIGNED  09/01/2002	EMENT ALLOWANCE TO STED IN SECTION B, ITEM 3 LAN.	
SECTION E (FOR AGENCY OR RETIREMENT SYSTEM USE ONLY)		
1 PRINT OF 12. CENTAL ORG. CODE 3. EMPLOYEE OF CODEN 4. PARTY CODE 5. STATE	8. BARGANING 9. TOTAL I	
DEDUCTION AMOUNT SHARE DESIGNATION  CSU-150		•
MONTH   YEAR		
\$ 12 02	\$ 17. AGENCY NAME OR RETIREMENT	- EVETEN
COMPLETE ON CHANGES ONLY  12. PERMITTING 13. PERMITTING 14. EFFECTIVE DATE 15. AGENCY CODE 16. LINIT CODE EVENT EVENT OF ACTION	(# RETIFIED)	31316=
10. PRIOR EMPLOYER DED.CO DE 11. PRIOR DATE CODE PARTY ONG. CODE		
CSU-150		
	State Agency Name	<b>:</b>
NON-CSU-351 007 3 9 1 2 36a NONTH DAY YEAR 1 1 03 123 987	<u> </u>	
NON-CSU-351  007 3 9 1 2 36a 1 1 03 123 987  18. REMARKS  19. AUTHORIZED AGENCY SIGNATURE  19. AUTHORIZED AGENCY SIGNATURE	am the duly appointed, qualified	d and
NON-CSU-351  007 3 9 1 2 36a 1 1 03 123 987  18. REMARKS  Cancel Coverage  19. AUTHORIZED AGENCY SIGNATURE I hereby certify under penelty of perjury as follows: That i acting officer of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and that I am at the state of the herein named agency and the law at the state of the herein named agency and the law at the state of the herein named agency and the law at the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the state of the herein named agency and the sta	am the duly appointed, qualified uthorized to make this certification	XI, UKRL
NON-CSU-351  007  3  9  1  2  36a  1  1  1  03  123  987  18. REMARKS  Cancel Coverage  Enrolling on spouse's plan during open enrollment.  Flex Cash Option: Attach STD 701C  Signature Required	am the duly appointed, qualified uthorized to make this certification as State Dental Insurance Progra	on, unar om. ED IN
NON-CSU-351  007 3 9 1 2 36a  1 1 03 123 987  18. REMARKS  Cancel Coverage  Enrolling on spouse's plan during open enrollment.	I am the duly appointed, qualified uthorized to make this certification e State Dental Insurance Progra	on, unar om. ED IN

### Example 11 (B)

## **DENTAL PLAN ENROLLMENT AUTHORIZATION**

STD. 692 (REV. 6-2000)

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SECTION A				SE	CTION B	}							
TYPE OF ACTION					NAME OF DI		.AN						
NEW - ENROLLING I (Complete Section	IN A PLAN FOR THE F	IRST TIME						Enhanced					
	•			i				(If applicable)					
CANCEL - CANCELL (Complete Section	LING COVERAGE FOR ns A, C. and Di	ALL ENROLLEES			ROVIDERI	ACILITY	NOMBER	(II applicable)					
CHANGE - CHANGIN (Complete Section	NG PLANS OR DEPEN ns A, B, C, and D)	DENT COVERAGE						ENROLLMENT, LIST A ADDED AND/OR DELE NLY THOSE MEMBERS					OLLED, AS AND/OR D
2. SOCIAL SECURITY NUM	ABER 3. SPO	OUSE'S OR DOMESTIC PARTN	ER'S SOCIAL SECURITY	ές		ALL PER	SONS TO	BE ENROLLED IN					
555-44-3333	NUI	MBER		1 D 0 E N		DENTA	L PLAN (	include self)	C	ATE O	F BIRTH		MILY
4. NAME (First)	(Middle	e) (Last)		Ň.	(First)	(Middle	,	(Lasi)	MO	AIH D	AY YEAR	RELA	IONSHIP
Vansessa	M.	Snipes			Vanessa	a M. Si	nipes		2	2	62		
ADDRESS (Number and S		ompes										SI	ELF
46 Midyo St.				Α	Wesley	D Sni	ines		5	4		C	
(City, State, and Zip)					ii esie j	D. 0111	pes		,	6	ου	Spous	e
	1								•	•			-
Pastisas, CA. 92001				1									
<ol><li>CHECK IF PERMANENT INTERMITTENT EMPLOY</li></ol>	6. MAR	ITAL STATUS	7. SEX					± :					
INTERMITTED EMPLOT		MARRIED SINGLE	<b>✓</b> MALE	1									
			] —	٠,									
		OMESTIC PARTNER	FEMALE	1				•					
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SECTION C (Comple	te for Plan changes	if different than B-1 and	concellations anh.)										
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